10/583805

(AP20 Rec'd PCT/PTO 22 JUN 2006

Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD_R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

No

Computer Readable Form (CRF)?::

No

Title::

NOVEL STABLE POLYMORPHIC FORMS OF AN

ANTICONVULSANT

Attorney Docket Number::

15395.0005USWO

Request For Early Publication::

No

Request For Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

5

Small Entity::

No

Latin Name::

Variety Denomination Name::

Petition Included::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: INDIA

Status:: Full Capacity

Given Name:: Muthukumaran

Middle Name::

Family Name:: NATARAJAN

Name Suffix::

City of Residence:: Akota

State or Province of Residence:: Baroda

Country of Residence:: INDIA

Street of mailing address:: Sun Pharma Advanced Research Centre, Akota

Road

City of mailing address:: Akota

State or Province of mailing address:: Baroda

Country of mailing address:: INDIA

Postal or Zip Code of mailing address:: 390020

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: INDIA

Status:: Full Capacity

Given Name:: Nileshkumar

Middle Name:: Sureshbhai

Family Name:: PATEL

Name Suffix::

City of Residence:: Akota

State or Province of Residence:: Baroda

Country of Residence:: INDIA

Street of mailing address:: Sun Pharma Advanced Research Centre, Akota

Road

City of mailing address:: Akota

State or Province of mailing address:: Baroda

Country of mailing address:: INDIA

Postal or Zip Code of mailing address:: 390020

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA

Status:: Full Capacity

Given Name:: Mehul

Middle Name:: Chandrakatbhai

Family Name:: BHATT

Name Suffix::

City of Residence:: Akota

State or Province of Residence:: Baroda

Country of Residence:: INDIA

Street of mailing address:: Sun Pharma Advanced Research Centre, Akota

Road

City of mailing address:: Akota

State or Province of mailing address:: Baroda

Country of mailing address:: INDIA

Postal or Zip Code of mailing address:: 390020

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: INDIA

Status:: Full Capacity

Given Name:: Srinivasu

Middle Name::

Family Name:: KILARU

Name Suffix::

City of Residence::

Akota

State or Province of Residence::

Baroda

Country of Residence::

INDIA

Street of mailing address::

Sun Pharma Advanced Research Centre, Akota

Road

City of mailing address::

Akota

State or Province of mailing address::

Baroda

Country of mailing address::

INDIA

Postal or Zip Code of mailing address:: 390020

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

INDIA

Status::

Full Capacity

Given Name::

Rajamannar

Middle Name::

Family Name::

THENNATI

Name Suffix::

City of Residence::

Akota

State or Province of Residence::

Baroda

Country of Residence::

INDIA

Street of mailing address::

Sun Pharma Advanced Research Centre, Akota

Road

City of mailing address::

Akota

State or Province of mailing address::

Baroda

Country of mailing address::

INDIA

Postal or Zip Code of mailing address::

390020

Correspondence Information

Correspondence Customer Number::

23552

Representative Information

| Representative Customer Number:: | 23552 |
|----------------------------------|-------|
| | |

Domestic Priority Information

| Application:: | Continuation Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/IN2004/000447 | 12/24/2004 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| India | 1210/MUM/2003 | 12/24/2003 | Yes |

Assignee Information

Assignee Name::

SUN PHARMACEUTICAL INDUSTRIES LIMITED

Street of mailing address::

Acme Plaza, Andheri-Kurla Road, Andheri (East)

City of mailing address::

Mumbai

State or Province of mailing address::

Maharashtra

Country of mailing address::

INDIA

Postal or Zip Code of mailing address:: 400 059